



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

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EXISTING TANK INFORMATION

[] GALLON [SEPTIC TANK/GPD ATU] LEGEND: _____ DIMENSIONS: L _____ W _____ D _____
BAFFLE: [Y/N] FILTER: [Y/N] SOLIDS DEFLECTION DEVICE: [Y/N] MATERIAL: _____
STRUCTURALLY SOUND AND WATERTIGHT: [Y/N]

[] GALLON DOSING TANK LEGEND: _____ DIMENSIONS: L _____ W _____ D _____
#PUMPS: [] PUMP[S] PROPERLY FUNCTIONING: [Y/N] MATERIAL: _____
STRUCTURALLY SOUND AND WATERTIGHT: [Y/N]

[] GALLON GREASE INTERCEPTOR LEGEND: _____ DIMENSIONS: L _____ W _____ D _____
STRUCTURALLY SOUND AND WATERTIGHT: [Y/N] MATERIAL: _____

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I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON ____/____/____, AND HAVE THE VOLUME AND INTEGRITY SPECIFIED. ALL INFORMATION SUBMITTED ABOVE IS BELIEVED TO BE FACTUAL AND ACCURATE.

SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

TO BE COMPLETED BY A LICENSED SEPTIC TANK CONTRACTOR OR THE DEPARTMENT OF HEALTH

EXISTING DRAINFIELD INFORMATION

[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____

[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____

TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____

CONFIGURATION: [] TRENCH [] BED [] _____

DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM

ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

ESTIMATED SEASONAL HIGH WATER TABLE _____ INCHES [ABOVE / BELOW] EXISTING GRADE

SYSTEM FAILURE AND REPAIR INFORMATION

[] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL

[] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING

CONDITIONS: [] SLOPING PROPERTY [] _____

NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE

FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____

FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD

SYMPTOM: [] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: TITLE/LICENSE DATE:

Revised DOH 4015/2007/Lee County

INSTRUCTIONS:

PERMIT #	Permit tracking number assigned by department
APPLICANT	Property owner's full name
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent
LOT,BLOCK,SUBDIVISION	Legal description for property
ID #	Property appraiser identification number for property
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene), whether or not tank in BAFFLED, whether FILTER or SOLIDS DEFLECTION DEVICE and if tank is structurally SOUND and WATERTIGHT. Complete DIMENSIONS of tank.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by or letter attached from permitted septage disposal service pumping tank.
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1
TYPE OF SYSTEM	Mark appropriate block
CONFIGURATION	Mark appropriate block
DESIGN	Mark appropriate blocks
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation
TYPE OF WASTE	Mark appropriate block
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design.
SUBMITTED BY	Signature of person performing evaluation
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.